

2/28/23

Chairs and Members of the Appropriations Committee:

My name is Dr. Susan Levine and I live in West Hartford, Connecticut. I am a member of Congregation Beth Israel, a member of the Greater Hartford Interfaith Action Alliance (GHIAA), a coalition of 49 faith institutions working together to advance social justice in our region. I am also a general internist at the University of Connecticut Health Center and direct UConn Immigrant Health. This service line provides medical care to several thousand immigrants including newly arrived refugees, green card seekers and the undocumented. Our patients come from over 35 countries. UConn is the largest provider of Medicaid services in the area and provides care to undocumented individuals in both the inpatient and outpatient setting. As a UConn Health employee I am proud to work for an institution that is actively engaged in promoting health equity.

Thank you for the opportunity to testify regarding HB 6659: An Act Concerning The State Budget For The Biennium Ending June 30, 2025, with respect to the budgets of the human services agencies, specifically for the Department of Social Services, which administers HUSKY (Medicaid and CHIP).

In over 25 years of practice, I have seen first-hand the repeated and direct effects of limiting access to healthcare for the undocumented. The patients I see are productive contributing members of our community and would benefit from having identified and treated conditions before they become advanced at which time the cost of care is exponentially higher and absorbed by our hospitals, systems that are already struggling to make ends meet.

Uninsured 12-26 year olds are likely to present to the hospital with traumatic injuries, with complications of untreated underlying mental illness, and with sequelae of untreated chronic conditions. The cost of providing insurance to 12-26 year old income-eligible undocumented individuals would be offset on an individual basis by avoiding in many cases a single hospital admission. The uninsured are more likely to delay treatment and defer primary care until emergencies arise. A single hospital admission for new onset diabetic complications such as diabetic ketoacidosis can run in excess of \$20,000. Treating an uninsured motor vehicle injury resulting in a surgery requiring leg fracture repair can easily exceed \$10,000. The long term sequelae of missed wages and lost productivity from ignoring access to mental health care is even more costly.

Connecticut, by expanding HUSKY to some undocumented immigrants (ages 0-12 and pregnant people) and declaring racism as a public health crisis, has underscored the need to improve health equity and reduce health disparities. Addressing systemic inequities in our health care system includes providing health insurance for undocumented people – the vast majority of whom are persons of color.

Our commitment to HUSKY for all residents, regardless of status, is rooted in our belief that immigrant parents, disabled immigrants, and working immigrants all need access to health care to create healthy communities and families. We also believe that the health of children cannot exist without the health of their parents and caretakers. H.B. 6616 is an opportunity for our state to lead the pursuit for healthcare equity with action. UConn Immigrant Health urges you to include funding to provide HUSKY coverage for undocumented individuals up to age 26. Thank you for your thoughtful consideration.

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